



## RENEWAL OF PROFESSIONAL CLEAR TEACHING CREDENTIAL

---

This packet contains a brief description of the requirements for renewal of your professional clear credential and the forms to be used to document completion of those requirements. Please refer to your *Professional Growth Manual* for more information about these requirements. To obtain a manual, please visit the Commission's website at [www.ctc.ca.gov](http://www.ctc.ca.gov).

Applicants must satisfy **all** of the following requirements:

1. Obtain a professional growth advisor
2. Complete an individual program of professional growth that consists of a minimum of 150 clock-hours of participation in activities that contribute to your competence, performance, or effectiveness in the profession of education (With your advisor, you must complete the Professional Growth Plan and Record form before you begin any of the activities. Copies of the Professional Growth Plan and Record Instructions, Professional Growth Plan and Record, and Verification of Successful Service are enclosed.)
  - ▶ *150 clock-hours of professional growth activities must be completed **during each five-year renewal cycle**. Only one set of activities needs to be completed per cycle regardless of the number of professional clear credentials you hold. Activities apply only to the renewal cycle in which they are completed; clock-hours in excess of 150 **may not be saved** for use in future renewal cycles.*
3. Complete the professional service requirement of at least one-half of a school year, or the equivalent, in a preschool, elementary school, secondary school, or an adult education program administered by a public school district (Your employer must verify this service by completing the Verification of Successful Service form once this requirement has been satisfied.)
4. Submit a complete application for renewal no more than one year before your credential expires
5. Complete a Renewal & Reissuance Application form (41-REN) with the self-verification section completed and the current processing fee (You do not need to submit the Professional Growth Plan and Record or the Verification of Successful Service forms with your application for renewal; however, the Commission reserves the right to request submission of these forms for auditing purposes any time within one year following submission of the application.)

If this is your initial professional clear credential and you were recommended for the credential by a California college or university, you were either given a copy of the *Professional Growth Manual* at some time during your program or copies were available for you to pick up from the credentials office.

If this is your initial professional clear credential and you applied for it directly to the Commission, your *Professional Growth Manual* is enclosed.

If you have held a professional clear credential in the past, you will not receive an additional copy of the *Professional Growth Manual*. In the event that you did not receive your manual, or you have misplaced it, you may obtain one by visiting the Commission's website.

**It is the responsibility of the credential holder** to be aware of and complete renewal requirements. Read the *Professional Growth Manual* and consult with your advisor to ensure that you understand and comply with the regulations.

(continued)

## Selecting a Professional Growth Advisor For Holders of Multiple and Single Subject Teaching Credentials

---

### Title 5, California Code of Regulations, Section 80556(b)

To be eligible to be a professional growth advisor for teaching type credentials, a person must hold a valid permanent\* California teaching or services credential and a baccalaureate degree from an accredited institution of postsecondary education. An employing agency that designates one or more professional growth advisors may establish additional qualifications for advisors.

---

\*A permanent California credential is either a professional, professional clear, clear, or life credential.

If you are employed in California, you should choose your professional growth advisor from the list provided by your employer. If you are unable to find a suitable advisor from the list, you may request that your employer approve someone of your choice who has agreed to help you by serving as your advisor. An advisor must hold a baccalaureate degree from an accredited institution and a valid permanent California teaching or services credential. The employing agency may require additional qualifications.

### Optional Methods of Obtaining a Professional Growth Advisor

- You may ask another employing agency to appoint an advisor from their approved list
- You may ask the Commission to approve the qualifications of a person you suggest to be your advisor. Send a signed and dated request naming the person you wish to have approved and a copy of their qualifying credential.  
  
Promising groups of potential advisors include principals, mentor teachers, other teachers, appropriately credentialed persons who have retired from service as teachers or administrators, college or university personnel who hold credentials, and staff members in teacher centers and other regional service organizations in education.
- If you are unsuccessful in obtaining a professional growth advisor after trying all methods mentioned above, you may request that the Commission serve as your advisor. As you will not receive the benefit and support that face-to-face contact provides, we ask that you use the Commission as the last alternative. Mail your request, along with the Professional Growth Plan and Record form, to:

**Attention: Professional Growth Advisor  
Commission on Teacher Credentialing**

*P.O. Box 944270  
Sacramento, CA 94244-2700*



State Of California  
California Commission On Teacher Credentialing  
Box 944270  
1900 Capitol Avenue  
Sacramento, CA 94244-2700

Telephone:  
(916) 445-7254 or (888) 921-2682  
E-mail: [credentials@ctc.ca.gov](mailto:credentials@ctc.ca.gov)  
Web site: [www.ctc.ca.gov](http://www.ctc.ca.gov)

## PROFESSIONAL GROWTH PLAN AND RECORD INSTRUCTIONS

When the form is completed, submit a Renewal & Reissuance Application (form 41-REN) with the self-verification section completed and the current processing fee. You do not need to submit the Professional Growth Plan and Record or the Verification of Successful Service forms with your application for renewal; however, the Commission reserves the right to request submission of these forms for auditing purposes any time within one year following submission of the application.

*Please print or type your name as listed on your professional clear credential. If you wish to have a different name on your new credential, please indicate it on the credential application form.*

*Type or print the title and date of expiration of each credential you hold.*

*Each goal must be numbered.*

State Of California California Commission On Teacher Credentialing P.O. Box 944270 1900 Capitol Avenue Sacramento, CA 94244-2700		Telephone: (916) 445-7254 or (888) 921-2682 E-mail: <a href="mailto:credentials@ctc.ca.gov">credentials@ctc.ca.gov</a> Web site: <a href="http://www.ctc.ca.gov">www.ctc.ca.gov</a>	
<b>PROFESSIONAL GROWTH PLAN AND RECORD</b>			
Please fill out this form <b>completely</b> . Before you begin, please read the Growth Plan and Record instructions in the <i>Professional Growth Manual</i> . Make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete.			
1. Name of Credential Holder:		Holder	Credential
		Last	First Middle
2. Home Address:		000 18th Street	
		Sacramento	CA 00000
		City	State Zip Code
3. Daytime Telephone Number:		(916) 555-7254	
4. Social Security Number:		000-00-0000	
5. Name each credential you hold:		Expiration Date:	
Multiple Subject Credential		7-1-01	
Administrative Services Credential		7-1-01	
6. Name each professional growth advisor who has advised you.			
First Advisor: John Doe		Approximate Dates of Service: 7-1-94 to present	
Credential Held: Administrative		Credential Number: 93000004	
Second Advisor:		Approximate Dates of Service:	
Credential Held:		Credential Number:	
Third Advisor:		Approximate Dates of Service:	
Credential Held:		Credential Number:	
<b>Professional Growth Plan</b>			
7. Goal Numbers	8. Professional Growth Goals	9. Date Approved	10. Advisor's Initials
1	To seek a CLAD/BCLAD credential	.	.
2	To learn new ways to communicate with parents in the school Community	.	.
3	To become better prepared for new leadership responsibilities in a restructured school setting	.	.
(continued)			

*Print or type the address where you would like the Commission to send your renewed credential.*

*Type or print the name of each professional growth advisor who has advised you, the approximate term of advisement, the title of the credential your advisor holds, and its credential number.*

*Your advisor must initial each goal.*

*Type or print your specific goals for professional growth. Your goals must contribute to your competence, performance, or effectiveness in the profession of education.*

*Your advisor must approve each new goal by writing in the date of approval.*

### Professional Growth Plan and Record Instructions *(continued)*

List the numbers of your goals from section 7 that correspond with each activity.

*List the number of the domain that describes the substance or content of the activity. These domains are found in your Professional Growth Manual.*

*Your advisor must date and initial each activity when he or she approves it. It is recommended that you obtain your advisor's approval before you begin the activity.*

*List the activities that you expect to undertake to accomplish your goals.*

*List the category of activity that best represents your professional growth activity. The categories of activities are in your Professional Growth Manual. At least two categories must be represented.*

*Your original professional growth advisor completes this section after approving your goals and activities. If you change advisors during the term of the credential, list the new advisor's information in section 6.*

*You sign and date this section when your time equals or exceeds 150 clock-hours.*

*Your professional growth advisor should initial the form as activities are completed.*

*Accurately record the number of clock-hours you have spent in each activity. If you have listed an activity, but decide not to pursue it, enter a zero (0).*

*Add the clock-hours,  
and enter the total.  
You must complete a  
minimum of 150  
clock-hours.*

*When items 1 through 21 have been completed, and your professional growth advisor is satisfied that the record of time completed is accurate, then he or she completes this section.*

[illegible]



State Of California  
California Commission On Teacher Credentialing  
Box 944270  
1900 Capitol Avenue  
Sacramento, CA 94244-2700

Telephone:  
(916) 445-7254 or (888) 921-2682  
E-mail: [credentials@ctc.ca.gov](mailto:credentials@ctc.ca.gov)  
Web site: [www.ctc.ca.gov](http://www.ctc.ca.gov)

## PROFESSIONAL GROWTH PLAN AND RECORD

Please fill out this form **completely**. Before you begin, please read the Growth Plan and Record instructions in the *Professional Growth Manual*. Make enough copies of this form to include all of the goals, activities, and amendments that you plan and complete.

1. Name of Credential Holder: \_\_\_\_\_

*Last*

*First*

*Middle*

2. Home Address: \_\_\_\_\_

*City*

*State*

*Zip Code*

3. Daytime Telephone Number: \_\_\_\_\_

4. Social Security Number: \_\_\_\_\_

5. Name each credential you hold: \_\_\_\_\_ expiration date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Name each professional growth advisor who has advised you.

First Advisor: \_\_\_\_\_ Approximate Dates of Service: \_\_\_\_\_

Credential Held: \_\_\_\_\_ Credential Number: \_\_\_\_\_

Second Advisor: \_\_\_\_\_ Approximate Dates of Service: \_\_\_\_\_

Credential Held : \_\_\_\_\_ Credential Number: \_\_\_\_\_

Third Advisor: \_\_\_\_\_ Approximate Dates of Service: \_\_\_\_\_

Credential Held: \_\_\_\_\_ Credential Number: \_\_\_\_\_

### Professional Growth Plan

7. Goal Numbers	8. Professional Growth Goals	9. Date Approved	10. Advisor's Initials

(continued)

## Professional Growth Plan *(continued)*

[illegible]

*Use additional copies of this form if necessary.*

**19. Total Hours Spent:**

**20. Certification of Initial Plan:** I certify that, to the best of my knowledge, the planned activities comply with state laws and regulations.

---

*Advisor's Name*

---

*Advisor's Signature*

Date \_\_\_\_\_

**21. Verification by Credential Holder:** Under penalty of perjury, I certify that, to the best of my knowledge, the information on this form is accurate.

*Credential Holder's Signature*

Date of Verification

**22. Verification of Completion:** I certify that I have been this credential holder's advisor, and that, to the best of my knowledge, the above information is accurate.

---

*Advisor's Name (print or type)*

---

*Advisor's Signature*

---

*Name of Employing Agency*

---

*Daytime Telephone Number*

---

*Date of Verification*



State Of California  
California Commission On Teacher Credentialing  
Box 944270  
1900 Capitol Avenue  
Sacramento, CA 94244-2700

Telephone:  
(916) 445-7254 or (888) 921-2682  
E-mail: [credentials@ctc.ca.gov](mailto:credentials@ctc.ca.gov)  
Web site: [www.ctc.ca.gov](http://www.ctc.ca.gov)

## VERIFICATION OF SUCCESSFUL SERVICE Professional Service Requirement

Name: \_\_\_\_\_  
*Print or Type*

Social Security Number: \_\_\_\_\_

### Instruction for Chief Administrative Officer or Designee of the Credential Holder's Employing Agency

The holder of a Professional Clear Credential must successfully complete the equivalent of full-time service for one-half of a school year during each five-year renewal cycle. For the purpose of this requirement, full-time service is defined as five hours per day. One-half of a school year is defined as 90 school days. "Successful" service means the person was not terminated for cause by the employing agency during the credential renewal period. Please check your records and complete this form by checking the appropriate box and filling in the appropriate blanks.

*I certify that the above named person has successfully completed service in the school district or other employing agency listed below for the period of time I have specified.*

☐ Full-time teaching or other qualifying experience for a minimum of 90 school days in

\_\_\_\_\_  
*List years of service (e.g., 2000-2001)*

☐ Part-time teaching, substitute teaching, or other contractual or voluntary service on behalf of students or certificated personnel for a total of \_\_\_\_\_ days for an average of \_\_\_\_\_ hours per day in

\_\_\_\_\_  
*List year(s) of service*

☐ Other service rendered to K-12 students in alternative education settings. (Attach statement and verification letters if this box is checked.)

☐ Service rendered in a professional capacity related to a specialist or service credential area. (Attach statement and verification letter if this box is checked.)

Verified by:

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*District/Educational Institution*

\_\_\_\_\_  
*Date*

*Make additional copies if necessary*